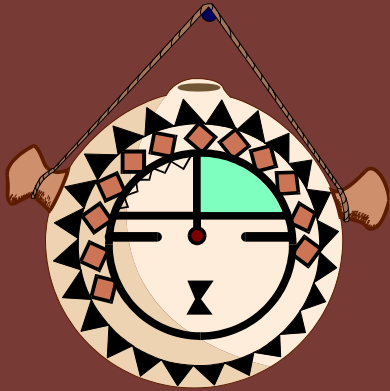


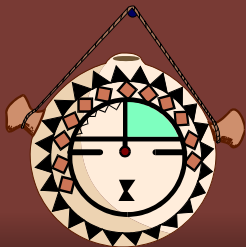
# Medicare MNT Reimbursement



IHS National Diabetes Program  
January 2002

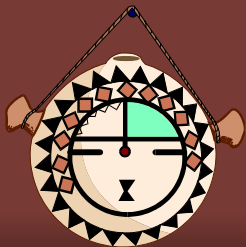
# Medicare MNT Reimbursement

Beginning January 1, 2002 , under section 105 of the BIPA, Medicare Part B, MNT for diabetes and kidney disease became a covered service for beneficiaries when referred by a physician.



# Medicare MNT Reimbursement

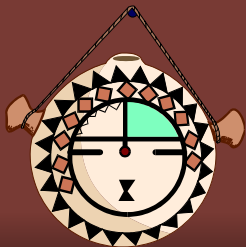
The Medicare MNT benefit is defined as “nutritional diagnostic, therapy and counseling services provided by a registered dietitian or nutrition professional for the purposes of managing disease.”



# Medicare MNT Reimbursement

## Qualifying Diagnosis:

- ⇒ Type 1, type 2 and gestational diabetes
- ⇒ Chronic renal insufficiency (pre-renal dialysis) and ESRD before dialysis

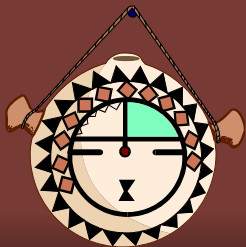


# Medicare MNT Reimbursement

## Qualifying Diagnosis:

- ➔ Kidney transplant patients (seen on an outpatient basis, from 6 to 36 months post renal transplant)

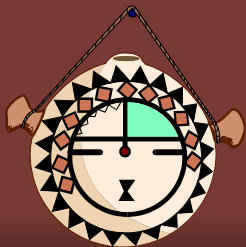
CMS NOV 1,2001 Federal Register



# Medicare MNT Reimbursement

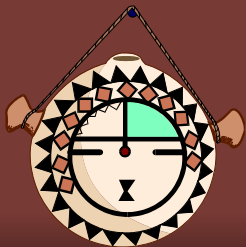
“Registered dietitian or nutrition professional”

- ⇒ “Registered Dietitian” with CDR meets education and experience requirements.
- ⇒ Bachelor’s degree or higher in nutrition or dietetics.



# Medicare MNT Reimbursement

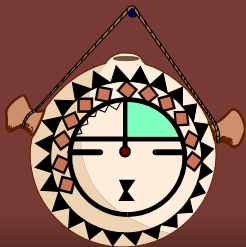
- ⇒ 900 hrs or more of a supervised dietetic practice
- ⇒ Licensed or certified in the state(s) services provided.
- ⇒ Dietitians or nutrition professionals licensed or certified as of 12/21/00 are “grandfathered” in.



# Medicare MNT Reimbursement

## Other Conditions for Coverage:

- ➡ Services may be provided on a individual or group basis.
- ➡ The number of hours covered in an “episode of care” (12-month period) cannot be exceeded;

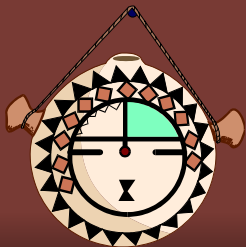




# Medicare MNT Reimbursement

## Other Conditions for Coverage:

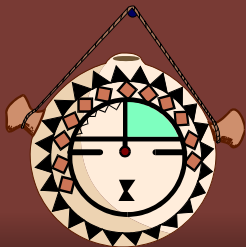
- ⇒ The MNT benefit for diabetes will be provided as part of the initial DSMT benefit and
- ⇒ Follow-up DSMT and MNT should be fully coordinated



# Medicare MNT Reimbursement

The MNT Benefit consists of:

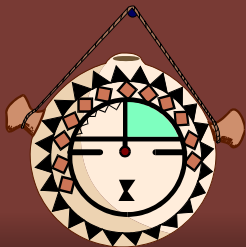
- ⇒ An initial visit for an assessment;
- ⇒ Follow-up visits for interventions; and
- ⇒ Reassessments as necessary during the 12-month period beginning with the initial assessment.



# Medicare MNT Reimbursement

## Limitations on Coverage:

- ➔ No coverage for maintenance dialysis.
- ➔ If beneficiary has diabetes and kidney disease, the number of hours allowed is for diabetes or kidney disease.

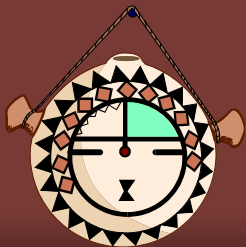


# Medicare MNT Reimbursement

## Limitations on Coverage:

DSMT and MNT benefits are fully coordinated, unless there is need for reassessment and additional therapy due to a change in diagnosis documented by the referring physician.

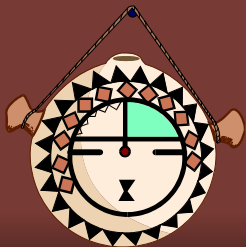
(DSMT Initial: 10 hours/12-month period and F/U DSMT: 2-hours/12-month period)



# Medicare MNT Reimbursement

## Where to begin:

- ➡ Educate yourself about reimbursement and procedures for coding MNT
  - Your facility billing department
  - ADA Policy & Advocacy Information web page
  - ADA Reimbursement Information web page
  - AADE government relations web page

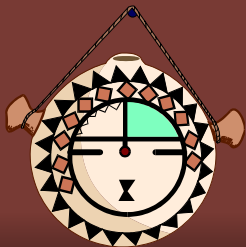


# Medicare MNT Reimbursement

## Where to Begin (cont'd):

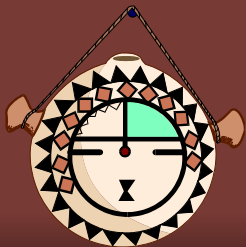
- “Nutrition Entrepreneurs Guide to Reimbursement Success”
- AADE Reimbursement Primer
- Seek out RDs who already have a strong understanding of reimbursement for MNT

➡ Apply to become Medicare provider (CMS Form 855I)



# Medicare MNT Reimbursement


CMS  
Form 855I



**MEDICARE**  
FEDERAL HEALTH CARE  
PROVIDER/SUPPLIER ENROLLMENT APPLICATION

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DEPARTMENT OF HEALTH & HUMAN SERVICES • USA



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Application for  
Individual Health Care  
Practitioners

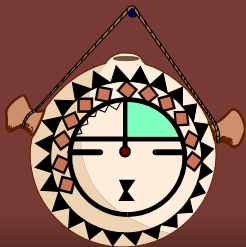
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS 855I (11/2001)  
(Formerly HCFA 855)

# Medicare MNT Reimbursement

## Where to Begin (cont'd):

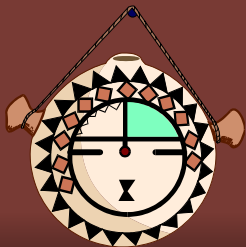
- ➡ Reassign reimbursement back to medical facility  
(CMS Form 855R)
- ➡ Make sure the MNT codes are in facility billing system
- ➡ Educate the medical providers
- ➡ Develop a standard MNT referral form






# Medicare MNT Reimbursement

CMS  
Form 855R



**MEDICARE**  
FEDERAL HEALTH CARE  
REASSIGNMENT OF BENEFITS APPLICATION

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Application for Individual Health Care  
Practitioners to Reassign Medicare Benefits

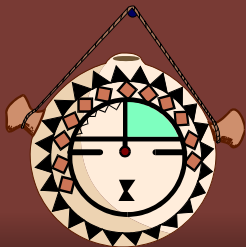
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS 855R (11/2001)  
(Formerly HCFA 855R)

# Medicare MNT Reimbursement

## MNT CPT CODES

97802	Medical Nutrition Therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Group (2 or more individuals), each 30 minutes

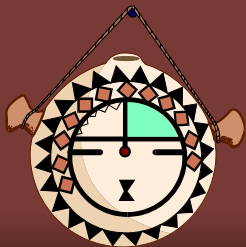


# Medicare MNT Reimbursement

## Initial vs follow-up?

Initial: Used for new patients, whom the RD has never seen or not seen in the last 3 years.

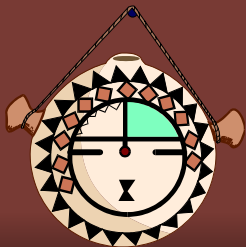
Follow-up: Patient already seen by dietitian or physician.



# Medicare MNT Reimbursement

## Frequency and Duration?

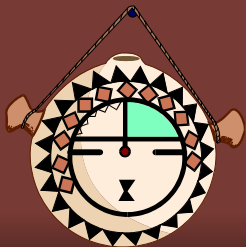
- ⇒ Only face-to-face time with patient.
- ⇒ Multiple units of the codes can be used based on medical necessity and the complexity of the MNT decision-making.



# Medicare MNT Reimbursement

## Frequency and Duration?

- ➡ CMS is developing the duration and frequency coverage criteria in the National Coverage Determination (NCD) process.
- ➡ Further consideration is being given to the coordination of the MNT and DSMT benefits.



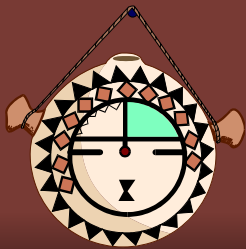
# Medicare MNT Reimbursement

## ADA Nutrition Practice Guidelines and MNT Protocols

Disease Condition	Suggested MNT Visits**
Anorexia	8
Insulin-dep. DM: Initial	3-4/3 mo. then 1-2/yr.
Insulin-dep. DM: Continuing	3/3mo. Then 4/yr.
Pre- ESRD	3

\*\*Based on evaluation of outcomes and medical necessity

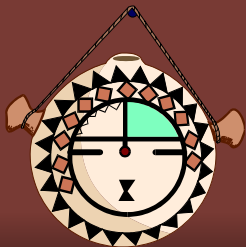
Source: ADA "Medical Nutrition Therapy Works"



# Medicare MNT Reimbursement

## Medicare Part B Payment:

- ⇒ Medicare Encounter (OMB) Rate: \$157.00 (\$125.60)
- ⇒ Fee-For-Service Rate: Dietitian Superbill based on RDs usual and customary fees for MNT services. CMS has established payment value for the codes. See “MNT Payment Schedule 2002 by Geographic Region.”

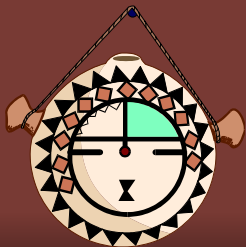


# Medicare MNT Reimbursement

## Medicare Part B Payment:

Code	Description	Approximate Hourly Rate
87802	MNT Initial	\$62.42
97803	MNT Reassessment	\$45.53
97804	MNT Group (per person)	\$9.84

Source: ADA Action Alert 8/27/01



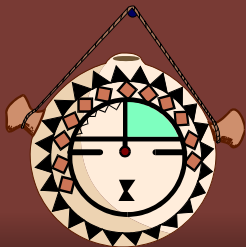


# HCFA 1500 Claim Form

# Medicare MNT Reimbursement

## Demonstrate Cost/Outcomes-Effectiveness :

- ⇒ Keep excellent patient records to help you document the outcome effectiveness of MNT.
- ⇒ Provide timely report to referral physician.
- ⇒ Develop method of tracking claims and reimbursements.



# Medicare MNT Reimbursement

Questions and Discussion

